

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

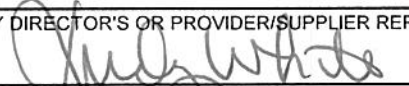
PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

OTC 7/16/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/01/2012
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NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to obtain a physician's order for the administration of oxygen for three residents (#'s 1, 4, and 5) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident # 1 was readmitted to the facility on April 27, 2012, with diagnoses including Right Lower Lobe Healthcare-Associated Pneumonia, Urinary Tract Infection, Post-hemorrhagic Anemia, and Hypertension.</p> <p>Medical record review of the Physician's Orders dated May 2012 revealed no order for oxygen administration.</p> <p>Observation on May 31, 2012, at 8:00 a.m., in the resident's room, revealed the resident sitting up in bed with nasal cannula (tubing to deliver oxygen) in place and the flow rate on the oxygen concentrator set at 2 liters/minute.</p> <p>Interview with the Director of Nursing (DON) on May 31, 2012, at 10:10 a.m., in the conference room, confirmed there was no order for oxygen administration for the resident.</p> <p>Resident # 4 was admitted to the facility on May</p>	F 281	<p>This plan of correction affirms our allegation of compliance for the deficiencies cited, however, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction has been respectfully developed and submitted as required for compliance with federal and state regulations.</p> <p>On 5/31/12 the medical record for Resident #1 was reviewed for diagnoses to support the use of oxygen (O2). Resident #1 was assessed for the need to administer continuous/as needed (PRN) O2. It was determined Resident #1 needed the O2 secondary to diagnoses of Right lower lobe pneumonia and oxygen (O2) saturation levels of 88% on room air. The physician was notified and orders were received and written for oxygen administration.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6/11/12
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUN 13 2012

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NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 281	<p>Continued From page 1</p> <p>18, 2012 and readmitted to the facility on May 29, 2012, with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Diabetes Mellitus, and Atrial Fibrillation.</p> <p>Medical record review of the Minimum Data Set dated May 23, 2012 revealed the resident received oxygen therapy at home and while at the facility.</p> <p>Medical record review of the Physician's Telephone Admission Orders dated May 29, 2012, revealed no order for oxygen administration.</p> <p>Observation on May 31, 2012, at 11:15 a.m., in the resident's room, revealed the resident sitting on the bed receiving oxygen via nasal cannula at 2 liters/minute.</p> <p>Interview with the DON on May 31, 2012, at 10:10 a.m., in the conference room, confirmed there was no order for oxygen administration for the resident.</p> <p>Resident # 5 was admitted to the facility on May 17, 2012, with diagnoses including End Stage COPD, Hypertension, Depression, and Diabetes Mellitus.</p> <p>Medical record review of the Physician's Telephone Admission Orders dated May 17, 2012, revealed no order for oxygen administration for the resident.</p> <p>Observation on May 31, 2012, at 8:15 a.m., in the resident's room, revealed the resident sitting in</p>	F 281	<p>On 5/31/12 the medical record for Resident #4 was reviewed for diagnoses to support the need to administer continuous/PRN O2. It was determined Resident #4 had a diagnoses of Chronic Obstructive Pulmonary Disease (COPD) and O2 saturation levels of below 90% on room air with long time home use of O2. The physician was notified and orders were received and written for oxygen administration.</p> <p>On 5/31/12 the medical record for Resident #5 was reviewed for diagnoses to support the need to administer continuous/PRN O2. It was determined Resident #5 had a diagnoses of End Stage COPD and O2 saturation levels of below 90% on room air. The physician was notified and orders were received and written for oxygen administration.</p>		

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F 281	Continued From page 2 bed receiving oxygen via nasal cannula at 2 liters/minute. Interview with DON on May 17, 2012, at 10:10 a.m., in the conference room, confirmed there was no order for oxygen administration for the resident.	F 281	On 5/31/12 an audit was done by the Director of Nursing (DON), ADON, and NE on all residents receiving oxygen therapy to ensure physician orders were in place for the administration of the oxygen. No other residents receiving oxygen were found to be effected. All new admits will be reviewed by the clinical team, consisting of the ADON, NE, Unit Supervisors, Care Plan Coordinator, at the time of admission for diagnoses and continued need for oxygen administration. An assessment for the need to administer continuous/PRN oxygen will be completed, and orders will be verified with the physician and written for the specified O2.		

JUN 13 2012

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1912	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/01/2012
NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115		
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N 000	Initial Comments An onsite investigation of complaint TN29804 was completed June 1, 2012. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.		N 000	All information collected will be reviewed by the DON and/or designee and evaluated for any trends. Results will be taken to the Quality Assurance Committee, consisting of the Medical Director, Administrator, DON, ADON, NE, Dietary Manager, Activities, Human Resources, and Social Services, for review and continued monitoring.	6/11/12

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

YJDX11

TITLE

(X6) DATE

If continuation sheet 1 of 1

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